

VIRGIN ISLANDS DEPARTMENT OF LABOR
UNEMPLOYMENT INSURANCE DIVISION
P.O. BOX 303159
ST. THOMAS, VIRGIN ISLANDS 00803

TAX SECTION
340-776-3700 STT
340-773-1440 STX

EMPLOYER REGISTRATION

TO BE COMPLETED BY AGENCY	
Employer No.	_____
NAICS Code	_____

1. Name of owner, partners or corporation _____
2. Trade Name _____
3. Primary location where activities will be carried on in the V.I. _____
Street/Estate _____ Island _____
4. Type of activity or product (be specific) _____
5. Mailing Address _____
P.O. Box or Street Address _____
6. Phone number: Business _____ Stateside _____
7. Dates wages were first paid in the Virgin Islands Month _____ Day _____ Year _____
8. Approximate number of employees _____ Approximate amount of monthly payroll _____
9. Type of ownership: a) Sole Owner ☐ b) Partnership ☐ c) Corporation ☐
d) 501 (c) (3) nonprofit organization ☐ e) Other _____
Note: If you are a 501 © (3) nonprofit organization you must attach a copy of your exemption to this registration.
10. Listing of owner, partners or corporate officers
a) _____
Name Address Home Phone Social Security No.
b) _____
Name Address Home Phone Social Security No.
c) _____
Name Address Home Phone Social Security No.
11. Did you acquire this business from someone? a) yes ☐ b) no ☐ If yes complete lines 11 through 17
12. Name of previous business or owner _____
13. Address of previous owner _____
14. Type of acquisition: a) purchase of assets ☐% b) purchase of stock ☐% c) other ☐ -
describe _____
15. Date of acquisition _____ 16. Unemployment Insurance Employer Account No. _____
17. Is previous business or owner still in business ? a) yes ☐ b) no ☐
18. List all your locations in the Virgin Islands if you have more than one.
a) _____
TRADE NAME LOCATION TYPE OF ACTIVITY OR PRODUCT (be specific)
b) _____
TRADE NAME LOCATION TYPE OF ACTIVITY OR PRODUCT (be specific)
b) _____
TRADE NAME LOCATION TYPE OF ACTIVITY OR PRODUCT (be specific)
19. Are you subject to Federal Unemployment Tax? a) yes ☐ b) no ☐
20. Your Federal Employer Identification number (FICA number) _____
21. Are you paying unemployment taxes to any other state? a) yes ☐ b) no ☐
22. If yes above; a) Name of state _____ State Number _____
23. Is your payroll on a computer? a) yes ☐ b) no ☐
24. If yes above; a) make a model of computer _____ disk or tape _____

Signature

Title

Print Name

Date